

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Academy of Dermatology Association Political Action Committee

ADDRESS (number and street)

1350 I St NW

Ste 870

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2007

through

07

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven Debnar

Signature of Treasurer

Electronically Filed by Steven Debnar

Date

08

16

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
-----------------------	--	--	--	--	--	--	--

**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		178898.71
(b) Cash on Hand at Beginning of Reporting Period .....	192554.96	
(c) Total Receipts (from Line 19) .....	22225.00	190341.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	214779.96	369239.71
7. Total Disbursements (from Line 31) .....	8576.16	163035.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	206203.80	206203.80
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	18225.00	157731.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	4000.00	32610.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	22225.00	190341.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	22225.00	190341.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	22225.00	190341.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	22225.00	190341.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	576.16	3535.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	576.16	3535.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	157500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	2000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8576.16	163035.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	8576.16	163035.91

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	22225.00	190341.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22225.00	188341.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	576.16	3535.91
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	576.16	3535.91

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

David Adelson

Mailing Address Ste 502

1705 E 19th St

City

Tulsa

State

OK

Zip Code

74104-5416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Oklahoma;  
College of Med

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 0 7

Transaction ID: c39a13054370cf3413f

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Robert Bader

Mailing Address 19229 Natures View Ct

City

Boca Raton

State

FL

Zip Code

33498-6221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 8 / 2 0 0 7

Transaction ID: 52ebcb2adc0e22a8c64

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Rodney Basler

Mailing Address 2700 Eastgate St

City

Lincoln

State

NE

Zip Code

68502-5024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 1 / 2 0 0 7

Transaction ID: 27de9f88edb9697ef68

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Betsy Beers		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 6 / 2 0 0 7	
Mailing Address 9345 SW 46th Pl		<b>Transaction ID:</b> 39e3eee1a75a9e5dfdd	
City Gainesville	State FL	Zip Code 32608-7111	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Francis Caban		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 6 / 2 0 0 7	
Mailing Address 113 Gornto Lake Rd		<b>Transaction ID:</b> 5efdd869ebc4a3b9c50	
City Brandon	State FL	Zip Code 33510-3911	Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Edward Carmick		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 8 / 2 0 0 7	
Mailing Address Ste 204 2528 Wheaton Way		<b>Transaction ID:</b> bc9672dfa03e74a7983	
City Bremerton	State WA	Zip Code 98310-3305	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Joseph Chanda

Mailing Address 207 Silver Palm Ave

City State Zip Code  
 Melbourne FL 32901-3196

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 8 / 2 0 0 7

Transaction ID: 89e83be7dbae934f0f0

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Richard Cirelli

Mailing Address 1805 Phillips Cir

City State Zip Code  
 Prescott AZ 86303-5065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 8 / 2 0 0 7

Transaction ID: 33434eff37f52896fd1

Amount of Each Receipt this Period

700.00

C. Full Name (Last, First, Middle Initial)

Edward Creehan

Mailing Address 8393 Tampico Ct

City State Zip Code  
 Fair Oaks CA 95628-5208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Sutter Medical Compl-  
ex

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 0 5 / 2 0 0 7

Transaction ID: 1b28a62da5c13177161

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1700.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Davey

Mailing Address 4152 Kentucky River Pkwy

City State Zip Code  
 Lexington KY 40515-8505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dermatology Associates of  
Ky

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 5 / 2 0 0 7

Transaction ID: 87814b71dd9236c326f

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. William Dvorine

Mailing Address 9234 James Howard Ln

City State Zip Code  
 Baltimore MD 21208-6340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 1 1 / 2 0 0 7

Transaction ID: 397fb40aebb6441c92f

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Hector Franco

Mailing Address 1723 Billy Casper Dr

City State Zip Code  
 El Paso TX 79936-4618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 2 6 / 2 0 0 7

Transaction ID: 0f25cff7d24c39432fa

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1350.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julia Girard

Mailing Address 202 Sherwood Rd SW

City State Zip Code  
 Rome GA 30165-4234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harbin Clinic

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 8 / 2 0 0 7

Transaction ID: 180c7b7af85b4971160

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David Grande

Mailing Address 30 Clifs Ct

City State Zip Code  
 Mankato MN 56001-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 1 8 / 2 0 0 7

Transaction ID: d7c58744f0498efeed4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Alexander Gross

Mailing Address 1050 Spalding Club Ct

City State Zip Code  
 Dunwoody GA 30338-2623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Dermatology Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 7 / 2 7 / 2 0 0 7

Transaction ID: 15d2981d65b2ea02fbd

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) David Harvey Mailing Address 909 Grist Mill Court City State Zip Code Ponte Vedra Beach FL 32082-6600 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 8 / 2 0 0 7 <b>Transaction ID:</b> e7aaa7143e39bf3785 Amount of Each Receipt this Period 350.00
Name of Employer Occupation Ponte Vedra Derm & Aesth-etic Surgery Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Scott Henslee Mailing Address 140 Grant Ave City State Zip Code Alamo Heights TX 78209-5619 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 8 / 2 0 0 7 <b>Transaction ID:</b> 8eec2c7b9dedb0c80a8 Amount of Each Receipt this Period 365.00
Name of Employer Occupation Self Employed Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Arielle Kauvar Mailing Address 61 Franklin Rd City State Zip Code Scarsdale NY 10583-7527 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 8 / 2 0 0 7 <b>Transaction ID:</b> cc804a6573bbea7adc5 Amount of Each Receipt this Period 500.00
Name of Employer Occupation New York Laser & Skin Care Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

**SUBTOTAL** of Receipts This Page (optional) .....**1215.00****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Roy Kinder		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 5 / 2 0 0 7
Mailing Address 35 Brandon Rd		<b>Transaction ID:</b> d496a212d77e29f669b
City Upper Darby	State PA	Zip Code 19082-2504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Chi Ko		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 8 / 2 0 0 7
Mailing Address 5581 Engleton Ln		<b>Transaction ID:</b> f9b52bc6935f305d036
City Girard	State OH	Zip Code 44420-1609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Michael Kucenic		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 8 / 2 0 0 7
Mailing Address 1681 Old Mission Cv		<b>Transaction ID:</b> 4472953de18a784cccf
City Indianapolis	State IN	Zip Code 46280-2742
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Indiana Pathology Institute	Occupation Dermatopathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) David Leffell		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 8 / 2 0 0 7
Mailing Address 460 Saint Ronan St		<b>Transaction ID:</b> 9f1a581f7fb4e420342
City New Haven	State CT	Zip Code 06511-2251
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Yale Dermatologic Surgery	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Aza Lefkowitz		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 0 / 2 0 0 7
Mailing Address 1347 E 22nd St		<b>Transaction ID:</b> bd40c94f7433581faea
City Brooklyn	State NY	Zip Code 11210-4516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Advanced Dermatology, PC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Kenneth Macknet		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 3 / 2 0 0 7
Mailing Address 11616 Pecan Way		<b>Transaction ID:</b> cdf7a62772dc3252140
City Loma Linda	State CA	Zip Code 92354-3532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Diane Maiwald		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 7 <b>Transaction ID:</b> 78794aa0eb8d1876792
Mailing Address 284 Oakwood Rd		
City	State	Zip Code
Huntington Station	NY	11746-7211
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 365.00
C		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>B.</b> Full Name (Last, First, Middle Initial) M. Morgan		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7 <b>Transaction ID:</b> 98d8882dacaed1edf73
Mailing Address 6628 E 113th St S		
City	State	Zip Code
Bixby	OK	74008-2080
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 750.00
C		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Gary Novatt		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> aba5cc0e1b215fde8c4
Mailing Address 5250 Louisiana PI		
City	State	Zip Code
Santa Barbara	CA	93111-2909
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00
C		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1615.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amanda Rainwater

Mailing Address Unit 828  
 9820 E Thompson Peak Pkwy

City State Zip Code  
 Scottsdale AZ 85255-6663

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Self Employed

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 1 8 / 2 0 0 7

Transaction ID: ec7ab00e880140afa91

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lisa Renfro

Mailing Address 702 White Swan Dr

City State Zip Code  
 Arnold MD 21012-1519

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Anapolis Dermatology Asso-  
 ciates

Occupation  
 Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 1 8 / 2 0 0 7

Transaction ID: 1146faa7768c3986df5

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Timothy Rosio

Mailing Address 3197 United Dr

City State Zip Code  
 Cameron Park CA 95682-9211

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Anew Skin Dermatology

Occupation  
 Self Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 1 8 / 2 0 0 7

Transaction ID: f9f29605b8e14e074b0

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional) .....

1400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Kerry Shafran Mailing Address 5515 Silchester Ln City State Zip Code Charlotte NC 28215-5324 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer University Dermatology, PLLC Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> 99b5728e2970a618234 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Alan Shalita Mailing Address Apt 9B 70 E 77th St City State Zip Code New York NY 10021-1811 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SUNY Downstate Medical Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 8 / 2 0 0 7 <b>Transaction ID:</b> 142e305d44303d35dd0 Amount of Each Receipt this Period 1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) Salma Simjee Mailing Address Ste 101 1290 E Spruce Ave City State Zip Code Fresno CA 93720-3371 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 6 / 2 0 0 7 <b>Transaction ID:</b> 78f6e74fcbbd3b1403f Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Stephen Snow Mailing Address 3412 Crestwood Dr City Madison State WI Zip Code 53705-1445 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Mohs Surgery Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt MM / DD / YYYY 07 / 05 / 2007 <b>Transaction ID:</b> 57e67af07578fbbb777 Amount of Each Receipt this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Edward Southwick Mailing Address Ste 1 3465 S 4155 W City West Valley City State UT Zip Code 84120-2077 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt MM / DD / YYYY 07 / 18 / 2007 <b>Transaction ID:</b> e968b80818ea668c871 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) James Spencer Mailing Address 815 18th Ave NE City St Petersburg State FL Zip Code 33704-4609 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt MM / DD / YYYY 07 / 31 / 2007 <b>Transaction ID:</b> 900475353fd6babccc0 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Adrienne Stewart

Mailing Address Ste 460

210 University Blvd

City

Denver

State

CO

Zip Code

80206-4619

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Aesthetic Surgery and Derm  
of Cherry COccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	0	7

Transaction ID: b7635fbc4b8df6e2ffb

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Luis Suarez

Mailing Address 24 Downey Dr

City

Tenafly

State

NJ

Zip Code

07670-3004

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	0	7

Transaction ID: 01db083183d2eff3389

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) .....

615.00

TOTAL This Period (last page this line number only) .....

18225.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
AMEX Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: V45341-7893182635307

Date of Disbursement

07 / 02 / 2007

Amount of Each Disbursement this Period

179.80

Full Name (Last, First, Middle Initial)

## **B. Merchant Services**

Mailing Address PO Box 6603

City  
Hagerstown

State  
MD

Zip Code  
21741-6603

Purpose of Disbursement  
Visa/MC Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: V45341-9588586688041

Date of Disbursement

07 / 02 / 2007

Amount of Each Disbursement this Period

47.08

Full Name (Last, First, Middle Initial)

## **C. Merchant Services**

Mailing Address PO Box 6603

City  
Hagerstown

State  
MD

Zip Code  
21741-6603

Purpose of Disbursement  
Merchant Services Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: V45341-7071496844291

Date of Disbursement

07 / 02 / 2007

Amount of Each Disbursement this Period

349.28

**SUBTOTAL** of Disbursements This Page (optional) .....

576.16

**TOTAL** This Period (last page this line number only) .....

576.16

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Ben Cardin for Senate

Mailing Address PO Box 21093

City  
Catonsville

State  
MD

Zip Code  
21228

Purpose of Disbursement  
Contribution

Candidate Name  
Benjamin Cardin

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District:

Transaction ID: 20559-6203729510307

Date of Disbursement

07 / 18 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Cantor for Congress

Mailing Address PO Box 17813

City  
Richmond

State  
VA

Zip Code  
23226

Purpose of Disbursement  
Contribution

Candidate Name  
Eric Cantor

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: 78255-0230676531791

Date of Disbursement

07 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Tim Johnson for South Dakota Inc

Mailing Address PO Box 1859

City  
Sioux Falls

State  
SD

Zip Code  
57101

Purpose of Disbursement  
Contribution

Candidate Name  
Tim Johnson

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SD District:

Transaction ID: 78255-9257165789604

Date of Disbursement

07 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Wynn for Congress

Mailing Address PO Box 39139

City  
Washington

State  
DC

Zip Code  
20016

Purpose of Disbursement  
Contribution

Candidate Name  
Albert Wynn

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 04

Transaction ID: 78255-5572473406791

Date of Disbursement

MM / DD / YYYY  
07 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

8000.00